

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pa 16701

Department of Medical Records

Patient: MOSHIER,DONALD **Medical Record #:** M000226525 **Acct #:** V04546554
DOB: 08/18/1961 **Age:** 43 **Sex:** M
Attending MD: Graham,Nathaniel MD **Location:**
4EAST
Date of Service: 04/18/05

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Acute cholecystitis.

HISTORY: This is a 43-year-old white male who is an inmate at FCI McKean. He has a history of hepatitis C and has been on interferon now for some time, but having some difficulties. Recently, he began having abdominal pain and over the last 3 weeks, this pain which was initially only in the right upper quadrant and after meals became more severe and long lasting, and it is now constant. The pain is becoming more diffuse. Last week, he was referred to the Kane Hospital, underwent medical workup including ultrasound, CT, and apparently an EGD. He was diagnosed with acute cholecystitis, given some antibiotics, had some improvement, and went back to FCI McKean. Over the last day or so, he has been getting much worse clinically. His LFTs have actually looked better than they were before when he was at the height of his problems with hepatitis C. He is having more distress and was referred for surgical evaluation.

PAST MEDICAL HISTORY: Low back pain and hepatitis C.

MEDICATIONS:

1. Interferon 180 micrograms 1 weekly.
2. Ribavirin 600 milligrams b.i.d.
3. Lactulose 1 tablespoon b.i.d.
4. Zantac 150 daily.
5. Omeprazole 20 milligrams daily.
6. Albuterol inhaler 2 puffs q.i.d.
7. Doxycycline 10 milligrams p.o. b.i.d.

PAST SURGICAL HISTORY: Appendectomy, left knee surgery, and liver biopsy.

FAMILY HISTORY: Remarkable for cancer, emphysema, diabetes, and hypertension in his father and diabetes in his mother.

SOCIAL HISTORY: The patient used to smoke, but quit. He is separated and has 4 children.

REVIEW OF SYSTEMS: Denies any depression, anxiety, or psychiatric problems. Eyes: Denies any blurry vision or pain behind the eyes. Ears: Decreased hearing acuity or tinnitus. LUNGS: Denies any shortness of breath or coughing, but does have some dyspnea when he is in abdominal pain. GI: No nausea or vomiting today. He has had some diarrhea over the last week. GU: No burning or urination frequency or nocturia or decreased force of stream. ORTHOPEDIC: No active problems.

PHYSICAL EXAMINATION:

GENERAL: The patient is a tall, large-boned, muscular man who appears older than stated age. He has long, coarse, gray-white hair, and full beard.
HEENT: Ears, eyes, nose: No lesions.
NECK: No adenopathy.
LUNGS: Clear, but he is splitting his respiration with abdominal pain.

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HEART: Regular rate with no murmurs.

ABDOMEN: Firm with guarding in the right upper quadrant. Some tenderness, but without guarding throughout the rest of the abdomen.

EXTREMITIES: Unremarkable.

LABORATORY DATA: White count is 4.9, which is elevated for him. My discussions with Dr. _____ revealed that his white count normally is 1.8, hemoglobin is 13.7, and hematocrit is 39.6. Chemistries show bilirubin of 1.5, AST of 44, ALT of 85, alkaline phosphatase is 70. These numbers are way down from his highs previously according to Dr. _____. Glucose is 153 and electrolytes are satisfactory. I obtained some reports from Kane Hospital. These showed an ultrasound with thickened gallbladder wall up to 10 mm consistent with acute cholecystitis and 4-mm common bile duct. EKG normal. CT scan showed normal pancreas, thickened edematous gallbladder consistent with acute cholecystitis, and no biliary duct dilatation. CT of the chest was normal. Numbers there showed a white count of 2.4, hemoglobin 12.9, and hematocrit 37.

IMPRESSION: Acute cholecystitis.

PLAN: Admit, IV fluids, bowel rest, and antibiotics. If he does not rapidly improve, I think he should be explored and this would be best done through an open cholecystectomy. Risks are quite high in this patient with active hepatitis C. With a high-risk mortality for any abdominal operation, we will try to treat him medically; however, he would most likely require operation.

Thank you for the referral.

Job#: 4520101 / 285842

Signed By: _____ Graham, Nathaniel MD

GRAHNA/PRECYSE
DDT: 04/19/05 1619
TDT: 04/20/05 1040
Report Number: 0420-0029
cc:
FCI MCKEAN
Graham, Nathaniel MD

RUN DATE: 10/25/05 - 1154

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Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA
Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900

SPEC #: 0418:H00138S COLL: 04/18/05-1338 STATUS: COMP REQ #: 00017235
RECD: 04/18/05-1339 SUBM DR: Graham, Nathaniel MD

| Test | Result | Flag | Reference | Site |
|--------------------|--------|------|----------------|------|
| CBC | | | | |
| WBC | 4.9 | | 4.8-10.8 K/mm3 | |
| RBC | 4.28 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 13.7 | L | 14.0-18.0 gm/L | |
| HCT | 39.6 | L | 42.0-52.0 % | |
| MCV | 92.5 | | 80.0-94.0 fL | |
| MCH | 31.9 | H | 27-31 pg | |
| MCHC | 34.5 | | 33-37 g/dL | |
| RDW | 15.3 | H | 11.5-14.5 % | |
| PLATELET COUNT | 100 | L | 130-400 K/mm3 | |
| MPV | 9.4 | H | 7.3-9.3 fl | |
| ADIFF | | | | |
| NEUTROPHILS | 90.4 | H | 40-74 % | |
| LYMPHOCYTES | 3.8 | L | 19-48 % | |
| MONOCYTE | 4.2 | | 3-9 % | |
| EOSINOPHIL | 0.9 | | 0-7 % | |
| BASOPHIL | 0.1 | | 0-2 % | |
| LUC | 0.6 | | 0-4 % | |
| MANUAL DIFF | | | | |
| NEUTROPHILS | 89.0 | H | 40-74 % | |
| BAND | 4.0 | | 3-5 % | |
| LYMPHOCYTES | 4.0 | L | 19-48 % | |
| MONOCYTE | 3.0 | | 3-9 % | |

** END OF REPORT **

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116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | |
|-----------------------|--|-------------------|--|---------------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | | Unit#: M000226525 | | DOB: 08/18/1961 | |
| Reg: 04/18/05 | | Disch: 04/27/05 | | Status: DIS IN | |
| | | | | Location: 4EAST 446A-1 | |
| | | | | Home Phone: (814)362-8900 | |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0418:C00150S | COLL: 04/18/05-1338 | STATUS: COMP | REQ #: 00017235 |
| | RECD: 04/18/05-1339 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|-----------------|--------|------|----------------|------|
| CHEM 12 | | | | |
| GLUCOSE | 153 | H | 70-120 mg/dL | |
| BUN | 13.0 | | 8-20 mg/dL | |
| CREATININE | 1.1 | | 0.7-1.5 mg/dL | |
| BUN/CREAT RATIO | 11.0 | | | |
| SODIUM | 134 | L | 135-147 mEq/L | |
| POTASSIUM | 4.1 | | 3.5-5.5 mEq/L | |
| CHLORIDE | 99 | | 98-108 mEq/L | |
| CARBON DIOXIDE | 25.0 | | 24-30 mEq/L | |
| ANION GAP | 14.1 | | | |
| CALCIUM | 8.7 | | 8.4-10.7 mg/dL | |
| TOTAL PROTEIN | 7.7 | | 6-8 gm/dL | |
| ALBUMIN | 4.0 | | 3-5 gm/dL | |
| BILI, TOTAL | 1.5 | H | 0-1 mg/dL | |
| AST | 44 | H | 10-42 U/L | |
| ALT | 85 | H | 10-60 U/L | |
| ALK PHOSPHATASE | 70 | | 17-120 U/L | |

** END OF REPORT **

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116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0419:H00022R | COLL: 04/19/05-0630 | STATUS: COMP | REQ #: 00017484 |
| | RECD: 04/19/05-0640 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|--------------------|--------|------|----------------|------|
| CBC | | | | |
| WBC | 5.7 | | 4.8-10.8 K/mm3 | |
| RBC | 3.99 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 12.7 | # L | 14.0-18.0 gm/L | |
| HCT | 37.8 | L | 42.0-52.0 % | |
| MCV | 94.9 | H | 80.0-94.0 fL | |
| MCH | 31.9 | H | 27-31 pg | |
| MCHC | 33.6 | | 33-37 g/dL | |
| RDW | 15.2 | H | 11.5-14.5 % | |
| PLATELET COUNT | 99 | L | 130-400 K/mm3 | |
| MPV | 9.3 | | 7.3-9.3 fL | |
| ADIFF | | | | |
| NEUTROPHILS | 81.0 | H | 40-74 % | |
| LYMPHOCYTES | 8.1 | L | 19-48 % | |
| MONOCYTE | 8.5 | | 3-9 % | |
| EOSINOPHIL | 0.1 | | 0-7 % | |
| BASOPHIL | 0.4 | | 0-2 % | |
| LUC | 1.9 | | 0-4 % | |
| MANUAL DIFF | | | | |
| NEUTROPHILS | 80.0 | H | 40-74 % | |
| BAND | 2.0 | L | 3-5 % | |
| LYMPHOCYTES | 9.0 | L | 19-48 % | |
| MONOCYTE | 9.0 | | 3-9 % | |

** END OF REPORT **

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Bradford, PA 06701

Specimen Inquiry Report

Name: MOSHIER, DONALD Age/Sex: 43/M Attend Phy: GRAHNA
Acct#: V04546554 Unit#: M000226525 DOB: 08/18/1961 Location: 4EAST 446A-1
Reg: 04/18/05 Disch: 04/27/05 Status: DIS IN Home Phone: (814)362-8900

SPEC #: 0419:H00183T COLL: 04/19/05-2010 STATUS: COMP REQ #: 00017950
RECD: 04/19/05-2010 SUBM DR: Graham, Nathaniel MD

| Test | Result | Flag | Reference | Site |
|--------------------|--------|------|----------------|------|
| CBC | | | | |
| WBC | 5.7 | | 4.8-10.8 K/mm3 | |
| RBC | 4.15 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 13.1 | L | 14.0-18.0 gm/L | |
| HCT | 39.3 | L | 42.0-52.0 % | |
| MCV | 94.6 | H | 80.0-94.0 fL | |
| MCH | 31.5 | H | 27-31 pg | |
| MCHC | 33.3 | | 33-37 g/dL | |
| RDW | 15.1 | H | 11.5-14.5 % | |
| PLATELET COUNT | 96 | L | 130-400 K/mm3 | |
| MPV | 9.3 | | 7.3-9.3 fL | |
| ADIFF | | | | |
| NEUTROPHILS | 83.7 | H | 40-74 % | |
| LYMPHOCYTES | 10.9 | L | 19-48 % | |
| MONOCYTE | 3.8 | | 3-9 % | |
| EOSINOPHIL | 0.0 | | 0-7 % | |
| BASOPHIL | 0.1 | | 0-2 % | |
| LUC | 1.5 | | 0-4 % | |
| MANUAL DIFF | | | | |
| NEUTROPHILS | 82.0 | H | 40-74 % | |
| LYMPHOCYTES | 14.0 | L | 19-48 % | |
| MONOCYTE | 4.0 | | 3-9 % | |

** END OF REPORT **

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Bradford, PA 06701

Specimen Inquiry Report

| | | |
|------------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| Location: 4EAST 446A-1 | | Home Phone: (814)362-8900 |

| | | | |
|-----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0419:CG00061T | COLL: 04/19/05-2010 | STATUS: COMP | REQ #: 00017950 |
| | RECD: 04/19/05-2010 | SUBM DR: Graham, Nathaniel MD | |

COMMENTS: Is the patient on anticoagulant(s)? NO
Which anticoagulant(s)? NONE

QUERIES: Is patient on anticoagulants? N

| Test | Result | Flag | Reference | Site |
|------|--------|------|---------------|------|
| PT | | | | |
| PT | 14.0 | H | 10-13 SECONDS | |
| INR | 1.30 | | | |
| PTT | 33.3 | | 0-40 SECONDS | |

** END OF REPORT **

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Specimen Inquiry Report

| | | | | | |
|-----------------------|--|-------------------|--|---------------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | | Unit#: M000226525 | | DOB: 08/18/1961 | |
| Reg: 04/18/05 | | Disch: 04/27/05 | | Status: DIS IN | |
| | | | | Location: 4EAST 446A-1 | |
| | | | | Home Phone: (814)362-8900 | |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0420:H00037R | COLL: 04/20/05-0615 | STATUS: COMP | REQ #: 00018013 |
| | RECD: 04/20/05-0644 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|----------------|--------|------|----------------|------|
| CBC | | | | |
| WBC | 5.6 | | 4.8-10.8 K/mm3 | |
| RBC | 3.68 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 11.4 | # L | 14.0-18.0 gm/L | |
| HCT | 35.3 | L | 42.0-52.0 % | |
| MCV | 96.1 | H | 80.0-94.0 fL | |
| MCH | 30.9 | | 27-31 pg | |
| MCHC | 32.1 | L | 33-37 g/dL | |
| RDW | 14.9 | H | 11.5-14.5 % | |
| PLATELET COUNT | 73 | L | 130-400 K/mm3 | |
| MPV | 9.5 | H | 7.3-9.3 fL | |
| ADIFF | | | | |
| NEUTROPHILS | 84.4 | H | 40-74 % | |
| LYMPHOCYTES | 9.5 | L | 19-48 % | |
| MONOCYTE | 3.9 | | 3-9 % | |
| EOSINOPHIL | 0.5 | | 0-7 % | |
| BASOPHIL | 0.0 | | 0-2 % | |
| LUC | 1.6 | | 0-4 % | |

** END OF REPORT **

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116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | |
|-----------------------|-------------------|-----------------|---------------------------|--------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 | Location: 4EAST | 446A-1 | |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN | Home Phone: (814)362-8900 | | |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0420:C00040R | COLL: 04/20/05-0615 | STATUS: COMP | REQ #: 00018013 |
| | RECD: 04/20/05-0644 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|-----------------|--------|------|----------------|------|
| CHEM 12 | | | | |
| GLUCOSE | 118 | | 70-120 mg/dL | |
| BUN | 36.0 | H | 8-20 mg/dL | |
| CREATININE | 3.2 | H | 0.7-1.5 mg/dL | |
| BUN/CREAT RATIO | 11.0 | | | |
| SODIUM | 133 | L | 135-147 mEq/L | |
| POTASSIUM | 4.3 | | 3.5-5.5 mEq/L | |
| CHLORIDE | 99 | | 98-108 mEq/L | |
| CARBON DIOXIDE | 25.7 | | 24-30 mEq/L | |
| ANION GAP | 12.6 | | | |
| CALCIUM | 7.3 | L | 8.4-10.7 mg/dL | |
| TOTAL PROTEIN | 6.0 | | 6-8 gm/dL | |
| ALBUMIN | 2.9 | L | 3-5 gm/dL | |
| BILI, TOTAL | 0.9 | | 0-1 mg/dL | |
| AST | 120 | H | 10-42 U/L | |
| ALT | 74 | H | 10-60 U/L | |
| ALK PHOSPHATASE | 46 | | 17-120 U/L | |

** END OF REPORT **

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116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | |
|-----------------------|--|-------------------|--|---------------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | | Unit#: M000226525 | | DOB: 08/18/1961 | |
| Reg: 04/18/05 | | Disch: 04/27/05 | | Status: DIS IN | |
| | | | | Location: 4EAST 446A-1 | |
| | | | | Home Phone: (814)362-8900 | |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0421:H00002R | COLL: 04/21/05-0630 | STATUS: COMP | REQ #: 00018463 |
| | RECD: 04/21/05-0701 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|--------------------|---------------------|------|----------------|------|
| CBC | | | | |
| WBC | 3.3 | L | 4.8-10.8 K/mm3 | |
| RBC | 3.33 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 10.3 | # L | 14.0-18.0 gm/L | |
| | HGB REPEATED | | | |
| HCT | 31.1 | L | 42.0-52.0 % | |
| MCV | 93.2 | | 80.0-94.0 fL | |
| MCH | 30.9 | | 27-31 pg | |
| MCHC | 33.2 | | 33-37 g/dL | |
| RDW | 14.8 | H | 11.5-14.5 % | |
| PLATELET COUNT | 62 | L | 130-400 K/mm3 | |
| | PLT REPEATED | | | |
| MPV | 9.4 | H | 7.3-9.3 fL | |
| ADIFF | | | | |
| NEUTROPHILS | 82.5 | H | 40-74 % | |
| LYMPHOCYTES | 11.8 | L | 19-48 % | |
| MONOCYTE | 3.7 | | 3-9 % | |
| EOSINOPHIL | 0.1 | | 0-7 % | |
| BASOPHIL | 0.1 | | 0-2 % | |
| LUC | 1.8 | | 0-4 % | |
| MANUAL DIFF | | | | |
| NEUTROPHILS | 83.0 | H | 40-74 % | |
| BAND | 3.0 | | 3-5 % | |
| LYMPHOCYTES | 11.0 | L | 19-48 % | |
| MONOCYTE | 3.0 | | 3-9 % | |

** END OF REPORT **

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Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | |
|-----------------------|-------------------|-----------------|----------------------------|--------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 | Location: 4EAST | 446A-1 | |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN | Home Phone: (814) 362-8900 | | |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0421:C00008R | COLL: 04/21/05-0630 | STATUS: COMP | REQ #: 00018463 |
| | RECD: 04/21/05-0701 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|-----------------|--------|------|----------------|------|
| CHEM 12 | | | | |
| GLUCOSE | 107 | | 70-120 mg/dL | |
| BUN | 28.0 | H | 8-20 mg/dL | |
| CREATININE | 2.2 | H | 0.7-1.5 mg/dL | |
| BUN/CREAT RATIO | 12.0 | | | |
| SODIUM | 133 | L | 135-147 mEq/L | |
| POTASSIUM | 4.1 | | 3.5-5.5 mEq/L | |
| CHLORIDE | 99 | | 98-108 mEq/L | |
| CARBON DIOXIDE | 24.6 | | 24-30 mEq/L | |
| ANION GAP | 13.5 | | | |
| CALCIUM | 7.6 | L | 8.4-10.7 mg/dL | |
| TOTAL PROTEIN | 5.9 | L | 6-8 gm/dL | |
| ALBUMIN | 2.7 | L | 3-5 gm/dL | |
| BILI, TOTAL | 0.8 | | 0-1 mg/dL | |
| AST | 193 | H | 10-42 U/L | |
| ALT | 83 | H | 10-60 U/L | |
| ALK PHOSPHATASE | 42 | | 17-120 U/L | |

** END OF REPORT **

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Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|-----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0421:HP00001R | COLL: 04/21/05-0630 | STATUS: COMP | REQ #: 00018471 |
| | RECD: 04/21/05-0701 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|------|---|------|-----------|------|
| HCV | <p>PRESUMPTIVE POSITIVE</p> <p>SPECIMEN NOT SENT FOR CONFIRMATION. PT KNOWN POS</p> <p>A repeatedly positive result indicates past or present hepatitis C virus (HCV) infection or possibly a carrier state, but does not substantiate infectivity or immunity. However, a patient with a repeatedly reactive result should be considered infectious.</p> <p>With the HCV antibody test, false positive results can occur. The absence of antibodies to hepatitis C virus does not rule out infection with HCV. Therefore, when the diagnosis of NANBH is strongly suspected, sequential repeat testing for Anti-HCV is recommended.</p> | H | NEGATIVE | |

** END OF REPORT **

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Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | |
|-----------------------|--|-------------------|--|---------------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | | Unit#: M000226525 | | DOB: 08/18/1961 | |
| Reg: 04/18/05 | | Disch: 04/27/05 | | Status: DIS IN | |
| | | | | Location: 4EAST 446A-1 | |
| | | | | Home Phone: (814)362-8900 | |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0422:H00007R | COLL: 04/22/05-0630 | STATUS: COMP | REQ #: 00018897 |
| | RECD: 04/22/05-0702 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|--------------------|--------------|------|----------------|------|
| CBC | | | | |
| WBC | 2.6 | L | 4.8-10.8 K/mm3 | |
| RBC | 3.18 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 9.6 | # L | 14.0-18.0 gm/L | |
| HCT | 29.1 | L | 42.0-52.0 % | |
| MCV | 91.6 | | 80.0-94.0 fL | |
| MCH | 30.2 | | 27-31 pg | |
| MCHC | 33.0 | | 33-37 g/dL | |
| RDW | 14.4 | | 11.5-14.5 % | |
| PLATELET COUNT | 56 | L | 130-400 K/mm3 | |
| | PLT REPEATED | | | |
| MPV | 8.9 | | 7.3-9.3 fl | |
| ADIFF | | | | |
| NEUTROPHILS | 80.6 | H | 40-74 % | |
| LYMPHOCYTES | 13.2 | L | 19-48 % | |
| MONOCYTE | 3.5 | | 3-9 % | |
| EOSINOPHIL | 0.1 | | 0-7 % | |
| BASOPHIL | 0.0 | | 0-2 % | |
| LUC | 2.5 | | 0-4 % | |
| MANUAL DIFF | | | | |
| NEUTROPHILS | 80.0 | H | 40-74 % | |
| BAND | 1.0 | L | 3-5 % | |
| LYMPHOCYTES | 16.0 | L | 19-48 % | |
| MONOCYTE | 3.0 | | 3-9 % | |
| PLT ESTIMATE | NORMAL | | NORMAL | |

** END OF REPORT **

000362

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | |
|-----------------------|--|-------------------|--|---------------------------|--|
| Name: MOSHIER, DONALD | | Age/Sex: 43/M | | Attend Phy: GRAHNA | |
| Acct#: V04546554 | | Unit#: M000226525 | | DOB: 08/18/1961 | |
| Reg: 04/18/05 | | Disch: 04/27/05 | | Status: DIS IN | |
| | | | | Location: 4EAST 446A-1 | |
| | | | | Home Phone: (814)362-8900 | |

| | | | | | | | |
|----------------------|--|---------------------|--|-------------------------------|--|-----------------|--|
| SPEC #: 0422:C00012R | | COLL: 04/22/05-0630 | | STATUS: COMP | | REQ #: 00018897 | |
| | | RECD: 04/22/05-0702 | | SUBM DR: Graham, Nathaniel MD | | | |

| Test | Result | Flag | Reference | Site |
|-----------------|--------|------|----------------|------|
| CHEM 12 | | | | |
| GLUCOSE | 100 | | 70-120 mg/dL | |
| BUN | 17.0 | | 8-20 mg/dL | |
| CREATININE | 1.6 | H | 0.7-1.5 mg/dL | |
| BUN/CREAT RATIO | 10.0 | | | |
| SODIUM | 133 | L | 135-147 mEq/L | |
| POTASSIUM | 4.1 | | 3.5-5.5 mEq/L | |
| CHLORIDE | 98 | | 98-108 mEq/L | |
| CARBON DIOXIDE | 23.4 | L | 24-30 mEq/L | |
| ANION GAP | 15.7 | | | |
| CALCIUM | 7.7 | L | 8.4-10.7 mg/dL | |
| TOTAL PROTEIN | 5.8 | L | 6-8 gm/dL | |
| ALBUMIN | 2.5 | L | 3-5 gm/dL | |
| BILI, TOTAL | 0.8 | | 0-1 mg/dL | |
| AST | 188 | H | 10-42 U/L | |
| ALT | 94 | H | 10-60 U/L | |
| ALK PHOSPHATASE | 58 | | 17-120 U/L | |

** END OF REPORT **

000363

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|----------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 0424:H00020R | COLL: 04/24/05-0615 | STATUS: COMP | REQ #: 00019516 |
| | RECD: 04/24/05-0650 | SUBM DR: Graham, Nathaniel MD | |

| Test | Result | Flag | Reference | Site |
|--------------------|-----------------------|------|----------------|------|
| CBC | | | | |
| WBC | 1.5 | L | 4.8-10.8 K/mm3 | |
| | <i>Test repeated.</i> | | | |
| RBC | 3.12 | L | 4.70-6.10 M/uL | |
| HH | | | | |
| HGB | 9.4 | L | 14.0-18.0 gm/L | |
| HCT | 28.7 | L | 42.0-52.0 % | |
| MCV | 91.9 | | 80.0-94.0 fL | |
| MCH | 30.0 | | 27-31 pg | |
| MCHC | 32.7 | L | 33-37 g/dL | |
| RDW | 14.7 | H | 11.5-14.5 % | |
| PLATELET COUNT | 70 | L | 130-400 K/mm3 | |
| | TEST | | | |
| MPV | 10.1 | H | 7.3-9.3 fl | |
| ADIFF | | | | |
| NEUTROPHILS | 69.0 | | 40-74 % | |
| LYMPHOCYTES | 22.3 | | 19-48 % | |
| MONOCYTE | 5.0 | | 3-9 % | |
| EOSINOPHIL | 1.6 | | 0-7 % | |
| BASOPHIL | 0.2 | | 0-2 % | |
| LUC | 1.8 | | 0-4 % | |
| MANUAL DIFF | | | | |
| NEUTROPHILS | 61.0 | | 40-74 % | |
| BAND | 2.0 | L | 3-5 % | |
| LYMPHOCYTES | 25.0 | | 19-48 % | |
| MONOCYTE | 8.0 | | 3-9 % | |
| EOSINOPHIL | 2.0 | | 0-7 % | |
| RETIC COUNT, AUT | 0.3 | L | 0.5-1.5 % | |
| LEFT SHIFT | 1+ | | | |

** END OF REPORT **

000364

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | | | | |
|----------------------|-----------------|---------------------|---------------|-------------------------------|------------|-----------------|---------------|--------|
| Name: | MOSHIER, DONALD | Age/Sex: | 43/M | Attend Phy: | GRAHNA | | | |
| Acct#: | V04546554 | Unit#: | M000226525 | DOB: | 08/18/1961 | Location: | 4EAST | 446A-1 |
| Reg: | 04/18/05 | Disch: | 04/27/05 | Status: | DIS IN | Home Phone: | (814)362-8900 | |
| SPEC #: 0424:C00021R | | COLL: 04/24/05-0615 | | STATUS: COMP | | REQ #: 00019516 | | |
| | | RECD: 04/24/05-0650 | | SUBM DR: Graham, Nathaniel MD | | | | |
| Test | Result | Flag | Reference | Site | | | | |
| TIBC | 177 | L | 260-445 ug/dL | | | | | |
| IRON | 23 | L | 35-150 ug/dL | | | | | |
| IRON SATURATION | 12 | L | 35-150 | | | | | |

** END OF REPORT **

000365

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | |
|-----------------------|---------------------|-------------------------------|----------------|------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA | | |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 | | |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN | | |
| | | Home Phone: (814)362-8900 | | |
| SPEC #: 0424:SC00001R | COLL: 04/24/05-0615 | STATUS: COMP | | |
| | RECD: 04/24/05-0650 | SUBM DR: Graham, Nathaniel MD | | |
| | | REQ #: 00019516 | | |
| Test | Result | Flag | Reference | Site |
| VITAMIN B12 LEV | 379 | | 232-1138 pg/mL | |
| FOLATE | 5.0 | | 3.0-17.5 ng/mL | |

** END OF REPORT **

000366

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | | | | |
|-------------|--|----------|---------------|-------------|----------------------|-------------|---------------|--------|
| Name: | MOSHIER, DONALD | Age/Sex: | 43/M | Attend Phy: | GRAHNA | | | |
| Acct#: | V04546554 | Unit#: | M000226525 | DOB: | 08/18/1961 | Location: | 4EAST | 446A-1 |
| Reg: | 04/18/05 | Disch: | 04/27/05 | Status: | DIS IN | Home Phone: | (814)362-8900 | |
| SPEC #: | 0427:ST00006R | COLL: | 04/27/05-1315 | STATUS: | COMP | REQ #: | 00020837 | |
| | | RECD: | 04/27/05-1347 | SUBM DR: | Graham, Nathaniel MD | | | |
| COMMENTS: | Specimen Comment: CDIFF TITER | | | | | | | |
| Test | Result | Flag | Reference | Site | | | | |
| CDIFF TOX A | NEGATIVE | | NEGATIVE: | | | | | |
| | THE VIDAS C. DIFFICILE TOXIN A II ASSAY IS AN AUTOMATED ENZYME-LIN IMMUNOASSAY FOR THE QUALITATIVE DETECTION OF CLOSTRIDIUM DIFFICILE SPECIMENS. | | | | | | | |

** END OF REPORT **

000367

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | | | | | | | | | | |
|-----------------|-----------------|---------------|------------|-------------|---------------|-------------|---------------|--------|----------------------|----------|--|
| Name: | MOSHIER, DONALD | Age/Sex: | 43/M | Attend Phy: | GRAHNA | | | | | | |
| Acct#: | V04546554 | Unit#: | M000226525 | DOB: | 08/18/1961 | Location: | 4EAST | 446A-1 | | | |
| Reg: | 04/18/05 | Disch: | 04/27/05 | Status: | DIS IN | Home Phone: | (814)362-8900 | | | | |
| SPEC #: | | 0421:HP00008R | | COLL: | 04/21/05-0630 | | STATUS: | CAN | REQ #: | 00018471 | |
| | | | | RECD: | 04/21/05-0701 | | SUBM DR: | | Graham, Nathaniel MD | | |
| Test | Result | | | Flag | Reference | | | Site | | | |
| ** CANCELLED ** | | | | | | | | | | | |
| NOT RIGHT TEST | | | | | | | | | | | |

** END OF REPORT **

000368

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|--|---------------------|-------------------------------|-----------------|
| SPEC #: 05:M0002363S | COLL: 04/18/05-1605 | STATUS: COMP | REQ #: 00017369 |
| SOURCE: BLOOD | RECD: 04/18/05-1651 | SUBM DR: Graham, Nathaniel MD | |
| SPDESC: OTHER | ENTR: 04/18/05-1649 | | |
| COMMENTS: Has Specimen been collected? Y | | | |

| Procedure | Result | Verified | Site |
|-------------------------------------|--------|---------------|------|
| BLOOD CULTURE Final | | 04/23/05-0855 | |
| NO GROWTH | | | |
| PRELIMINARY REPORT: 12-24 HOURS | | | |
| FINAL REPORT: 5-6 DAYS | | | |
| BLOOD CULTURE Preliminary (changed) | | 04/19/05-1235 | |
| NO GROWTH | | | |
| PRELIMINARY REPORT: 12-24 HOURS | | | |
| FINAL REPORT: 5-6 DAYS | | | |

** END OF REPORT **

000369

RUN DATE: 10/25/05 - 1155

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Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|--|---------------------|-------------------------------|-----------------|
| SPEC #: 05:M0002364S | COLL: 04/18/05-1610 | STATUS: COMP | REQ #: 00017370 |
| SOURCE: BLOOD | RECD: 04/18/05-1651 | SUBM DR: Graham, Nathaniel MD | |
| SPDESC: OTHER | ENTR: 04/18/05-1649 | | |
| COMMENTS: Has Specimen been collected? Y | | | |

| Procedure | Result | Verified | Site |
|-------------------------------------|-------------|---------------|------|
| BLOOD CULTURE Final | | 04/23/05-0855 | |
| NO GROWTH | | | |
| PRELIMINARY REPORT: | 12-24 HOURS | | |
| FINAL REPORT: | 5-6 DAYS | | |
| BLOOD CULTURE Preliminary (changed) | | 04/19/05-1235 | |
| NO GROWTH | | | |
| PRELIMINARY REPORT: | 12-24 HOURS | | |
| FINAL REPORT: | 5-6 DAYS | | |

** END OF REPORT **

000370

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|--------------------------------------|---------------------|-------------------------------|-----------------|
| SPEC #: 05:M0002434R | COLL: 04/19/05-1446 | STATUS: COMP | REQ #: 00017914 |
| SOURCE: GALLBLAD | RECD: 04/19/05-1519 | SUBM DR: Graham, Nathaniel MD | |
| SPDESC: | ENTR: 04/19/05-1520 | | |
| COMMENTS: GALL BLADDER WOUND CULTURE | | | |

| Procedure | Result | Verified | Site |
|--|-------------------|---------------|------|
| GRAM STAIN Final | | 04/21/05-1134 | |
| SMEAR OBSERVATION 1 | NO ORGANISMS SEEN | | |
| SMEAR OBSERVATION 2 | NO CELLS SEEN | | |
| WOUND CULTURE Final | | 04/21/05-1134 | |
| NO GROWTH AEROBICALLY OR ANAEROBICALLY AFATER 48 HOURS INCUBATION. | | | |

** END OF REPORT **

000371

SOCIAL SECURITY ADMINISTRATION

Date: May 12, 2004
Claim Number: 096-52-8139A
096-52-8139DI

DONALD L MOSHIER JR
139 SEARS ROAD
RICHFORD NY 13835-####

10929-052

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Other Important Information

ACCORDING TO OUR RECORDS MR MOSHIER WAS DISABLED AND RECEIVING SOCIAL SECURITY BENEFITS UNTIL INCARCERATION.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

5/11/09
H. BEAM, MD
RCI MCKEAN

000372

RUN DATE: 10/25/05 - 1155

PAGE 1

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, PA 06701

Specimen Inquiry Report

| | | |
|-----------------------|-------------------|---------------------------|
| Name: MOSHIER, DONALD | Age/Sex: 43/M | Attend Phy: GRAHNA |
| Acct#: V04546554 | Unit#: M000226525 | DOB: 08/18/1961 |
| Reg: 04/18/05 | Disch: 04/27/05 | Status: DIS IN |
| | | Location: 4EAST 446A-1 |
| | | Home Phone: (814)362-8900 |

| | | | |
|--|---------------------|-------------------------------|-----------------|
| SPEC #: 05:M0002803R | COLL: 04/27/05-1315 | STATUS: COMP | REQ #: 00020838 |
| | RECD: 04/27/05-1347 | SUBM DR: Graham, Nathaniel MD | |
| SOURCE: STOOL | ENTR: 04/27/05-1317 | | |
| SPDESC: STOOL | | | |
| COMMENTS: Has Specimen been collected? Y | | | |

| Procedure | Result | Verified | Site |
|--|--------|---------------|------|
| STOOL CULTURE Final | | 04/29/05-0915 | |
| No growth | | | |
| STOOL CULTURE Preliminary (changed) | | 04/28/05-1208 | |
| NO NORMAL FECAL FLORA AFTER 18-24 HOURS INCUBATION. | | | |
| This may indicate a severe flora imbalance from antimicrobial therapy. Final report to follow. | | | |


** END OF REPORT **

000373

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 607-773-2884. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
15 HENRY STREET
BINGHAMTON, NY 13901

If you do call or visit an office, please have this letter with you. It will help us answer your questions.


OFFICE MANAGER

000375

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | | CHRONOLOGICAL RECORD OF MEDICAL CARE | |
|--|---|--------------------------------------|-------------------------|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) | | |
| | S: If you are requesting refills, list the names of the medications below: Si esta pidiendo renovacion de medicamentos, edcriba los nombres abajo: | | |
| | | | |
| | What is your problem? Cual es su problema? <i>PAIN IN STOMACH</i> | | |
| | How long have you had the problem? Per cuanto tiempo ha tenido el problema | | |
| | What medication has worked well for this problem in the past? Cuales medicamentos han trabajado bien para su problema en el pasado? | | |
| | If you have a problem which causes pain, fill in the section below. Sitene problemas que envueluen dolor llene la seccion de abajo. | | |
| | Where is the pain located? Donde esta localiqado el dolor? <i>STOMACH</i> | | |
| | Were you ever injured where the pain is located? Tuvo usted al guna lesion donde esta el dolor? <i>yes.</i> | | |
| | How long does the pain last? Cuanto tiempo dura el dolor? <i>it don't stop</i> | | |
| | How intense is the pain? Cuan intenso es el dolor? | MILD Minimo | MODERATE Moderado |
| | | | <u>SEVERE</u> Severo |
| | What makes the pain worse? Que hace que el dolor aumente? <i>everything</i> | | |
| | What decreases the pain? Que hace que el dolor disminuya <i>Nothing</i> | | |
| HOSPITAL OR MEDICAL FACILITY US PENITENTIARY LEWISBURG LEWISBURG, PA 17837 | | STATUS | DEPART/SERVICE |
| | | SSN/ID NO. | RELATIONSHIP TO SPONSOR |

000376

Moshier

Last Name

~~40-1052~~ *Donak*

Nombre Completo

First Name

10924-052

Inmate Registration Number/Numero

I COULDN'T EXCHANGE THE ARMS
BECAUSE ONE OF THEM IS BROKEN, AND THE
LEN'S ARE TOO SMALL FOR THE FRAMES,

CAN YOU PLEASE GET ME A BIGGER
PAIR THAT WILL FIT ME, I REALLY NEED A PAIR.

THANK YOU VERY MUCH,

Donald C. Mathwin Jr

10924-052

A-1

Your name has been added to the
eye clinic waiting list.

 HSA

Karen M. Basser, HSAA
USP Lewisburg
Health Svc Unit
Lewisburg, PA 17837

2/28/06

000377

COP-OUT
TO: STACEY DINEESE Medical Records

FROM: DONALD C MASHIEN JR Reg# 10924-052 SHU - 014

Request:

I Signed some Release Forms a couple of months ago for my medical Records from KANE Hospital AND BRADFORD Hospital I HAVE already Recieved the Records from BRADFORD Hospital But I've not gotten NOTHING from KANE Hospital

I Really need the Records from KANE, CAN you please see what's the Hold up, OR please Give me there Address AND I will mail them A Freedom of information Act, Because there my Records, I HAVE A RIGHT TO them.

THANK you, AND please Respond.

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Kane Community Hospital
N Fraley Street Box 778
Kane Pa 16735

Please handle this request
yourself

Kim Ely, HIT

Kimberly Ely, HIT

000378

C.P. - OUT

TO: STACEY DRASE, MEDICAL RECORDS

FROM: DONALD L MASHIEN JR, Res # 10924-052 SHU-018

DEAR MISS, STACEY,

I WANT TO THANK YOU FOR GETTING MY MEDICAL RECORDS FROM BRADFORD HOSPITAL. HOWEVER I STILL NEED THE ONES FROM KANE HOSPITAL FROM 4/11/03 TO 4/15/06 I DO BELIEVE ARE THE DATES AT ANY RATE I WAS ONLY AT KANE HOSPITAL ONE TIME IN MY LIFE AND THAT WAS IN APRIL.

ALSO, MISS STACEY, I'D LIKE TO APOLOGIZE FOR BEING SO HARSH IN MY LAST COP-OUT. I KNOW THAT YOU CAN ONLY DO SO MUCH, AND THAT ~~WE~~ I DID SIGN 4 RELEASE FORMS, 2 FOR KANE AND 2 FOR BRADFORD, I NOW HAVE BRADFORDS, CAN YOU PLEASE CHECK SOMEHOW ON THE MEDICAL REPORTS AND ALL FINDINGS FROM KANE.

AGAIN THANK YOU, PLEASE RESPOND

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Sincerely,
Donald L Mashien Jr.

We have not received any records from Kane hospital after several requests. We cannot copy them if we don't have them. 000379

Kimberly Elv, HIT

COP - OUT
TO: Medical Records

Date 12/2/05

From: DONALD L. MASHIER JR. REG# 10924-052 SHU - 018

Request:

I've been waiting now for over a month now for my medical records from you, From KANE Hospital and Bradford Hospital, which you had me sign Release forms for, its very very important that I get these medical records my next step will be a BRB - 9-10-11, until I have to file in court, I need these records or I wouldn't be asking you for them so often! SO CAN YOU PLEASE get them to me, within the next week.

Thank you, please respond

Donald L. Mashier Jr.

I'm received 33 pag of record see ltr form

Stacey Dreese

Stacey Dreese

SEP-27-2004 16:31 FROM:

TO: 720 0862

P. 001/007

Algorithm for Treatment of Hepatitis C / Approval Form (January 2003)

- I. Anti-HCV positive Date: 9/4/03 By Hx Since 1992
(Patients without risk factors should have test confirmed with 3rd generation EIA or RIBA)
- II. Last 3 ALT levels:
Result: 115 /Date: 2/12/04 Result: 129 /Date: 5/12/04 Result: 130 /Date: 7/19/04
- III. Physician clearance: Date: 9/24/04
No evidence of decompensated cirrhosis (ascites, edema, esophageal varices, jaundice, encephalopathy)
*(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serologies [B surface antigen and antibody, B core antibody])
- IV. No contraindications to interferon or ribavirin (see guidelines) Except Borden's
Platelet count
- V. Projected Release Date: 2/28/12
- VI. Psychiatry or psychology clearance: Date: 9/22/04
*(include copy of consult report, including assessment of alcohol/drug use history)
- VII. HCV RNA positive: Date: 7/24/04 (7,270,000)
- VIII. Liver biopsy: Date: 8/24/04
*(include copy of biopsy report when submitting request for treatment)
Findings/Comments: Cirrhosis of liver micronodular pattern, active
- IX. Liver ultrasound, if indicated: Date: _____
Findings: Abd CT no lesions at time of liver bx
- X. Prior anti-viral treatment (if any): Drug(s) NO Dates _____
At conclusion of prior treatment, what was ALT? _____ What was HCV RNA? _____
Previous treatment: relapsor or nonresponder (circle one)
- XI. HCV genotype: 1 or 2 or 3 or other (circle one) Ribavirin 600mg PO BID
- XII. Requested medication regimen: Peg Interferon 22a 180mcg SC QWIC Both 24 wks
Signature of Clinical Director: [Signature]

APPROVED [Signature] Medical Director DATE 10/5/04

DISAPPROVED _____ Medical Director DATE _____

Comments: _____

Inmate Name: MOSHIER, DONALD

Reg. No.: 10924-052

Institution: FCL MCKEAN

Fax this form, current lab reports,
psychiatry/psychology report, and liver
biopsy report to: (202) 305-0862

10/5/04
H. BEAM, MD
FCL MCKEAN

000381

Algorithm for Treatment of Hepatitis C / Approval Form (January 2003)

- I. Anti-HCV positive Date: 9/4/03 By Hx Since 1992
(Inmates without risk factors should have test confirmed with 3rd generation EIA or RIBA)
- II. Last 3 ALT levels:
Result: 115 /Date: 2/12/04 Result: 129 /Date: 5/12/04 Result: 130 /Date: 7/19/04
- III. Physician clearance: Date: 9/24/04
No evidence of decompensated cirrhosis (ascites, edema, esophageal varices, jaundice, encephalopathy)
*(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serologies [B surface antigen and antibody, B core antibody])
- IV. No contraindications to interferon or ribavirin (see guidelines) Except Bordenline Platelet count
- V. Projected Release Date: 2/28/12
- VI. Psychiatry or psychology clearance: Date: 9/22/04
*(include copy of consult report, including assessment of alcohol/drug use history)
- VII. HCV RNA positive: Date: 7/24/04 (7,270,000)
- VIII. Liver biopsy: Date: 8/24/04
*(include copy of biopsy report when submitting request for treatment)
Findings/Comments: Cirrhosis of liver micronodular pattern, active
- IX. Liver ultrasound, if indicated: Date: _____
Findings: Abd CT no lesions at time of liver Bx
- X. Prior anti-viral treatment (if any): Drug(s) NO Dates _____
At conclusion of prior treatment, what was ALT? _____ What was HCV RNA? _____
Previous treatment: relapser or nonresponder (circle one)
- XI. HCV genotype: 1 or 2 or 3 or other (circle one) 3 Ribavirin 600mg PO Bid
- XII. Requested medication regimen: Peg Interferon 22a 180mcg SC QWIC Both x 24 wks
Signature of Clinical Director: [Signature]

APPROVED _____ Medical Director DATE _____
DISAPPROVED _____ Medical Director DATE _____
Comments: _____

Inmate Name: MOSHIER, DONALD
Reg. No.: 10924 - 052
Institution: FCI MCKEAN

Fax this form, current lab reports,
psychiatry/psychology report, and liver
biopsy report to: (202) 305-0862

000382

10/26/04
H. BEAM, MD
FCI MCKEAN

COP-OUT
TO: MS. MASSER, Health Services

FROM: DONALD L. MASHIER JR. Reg # 10924-052 SHU-018

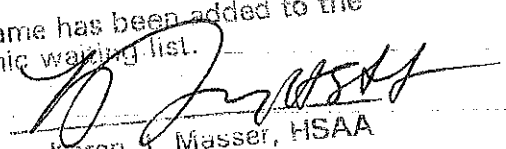
Request:

My eyes are getting very blurry
AND seem to be getting worse,

COULD you please get me AND eye examination,
AND ALSO some READING CLASSES may help.
THANK you, please RESPOND

Sincerely,
Donald L. Mashier Jr.

Your name has been added to the
eye clinic waiting list.


Karen S. Masser, HSAA
USP Lewisburg
Health Svc Unit
Lewisburg, PA 17837

12/7/05

000383

BP-A807.060
SEP 03**INFORMATION ON VACCINATION (CONSENT/DECLINATION)
FOR INFLUENZA VACCINE****U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**Influenza Vaccine (Flu Shot) for 2005-2006 (Year)**NOTE: CONSULT THE CENTERS FOR
DISEASE CONTROL FOR ANNUAL
UPDATES CONCERNING VACCINE
INFORMATION**

Influenza is a serious disease caused by a virus that spreads from infected persons to the nose or throat of others. The "influenza season" in the U.S. is from November through April each year. Influenza can cause fever, sore throat, cough, headache, chills, and muscle aches. People of any age can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly. Influenza vaccine can prevent influenza. Influenza Vaccine Influenza viruses change often. Therefore, influenza vaccine is updated each year to make sure it is as effective as possible. Protection develops about 2 weeks after getting the vaccination and may last up to a year.

Persons who should receive the influenza vaccine:

Individuals in any of the following categories:

1. Chronic disorders of the cardiovascular or pulmonary systems,
2. Health individuals 65 years of age or older,
3. Adults with chronic metabolic diseases, including diabetes mellitus, renal dysfunction, anemia, or immunosuppression,
4. Anyone who has extensive contact with high risk individuals,
5. Pregnant women with a medical condition that increases the risk of complications from influenza (should be given after the first trimester),
6. Persons living in dormitories or in other crowded conditions, to prevent outbreaks,
7. Anyone who wants to reduce their chance of catching influenza.

Persons who should not receive the influenza vaccine:

1. Those who have allergic sensitivity to eggs, chicken feathers, chickens or chicken dander,
2. Those who have a hypersensitivity to any components of the vaccine,
3. Have a history of Guillain-Barre Syndrome (GBS),
4. Anyone with a current febrile illness.

When should I get influenza vaccine?

Because influenza activity can start as early as December, the best time to get influenza vaccine is during October and November. But getting the vaccine after November can still provide protection. A new vaccination is needed each year. Influenza vaccine can be given at the same time as other vaccines, including pneumococcal vaccine.

Can I get influenza even if I get the vaccine this year?

Yes. Influenza viruses change often, and they might not always be covered by the vaccine. But vaccinated people who do get influenza often have a milder case than those who did not get the injection. Also, many people call any illness with fever and cold symptoms "the flu." They may expect influenza vaccine to prevent these illnesses, but influenza vaccine is effective only against illness caused by influenza viruses, and not against other illnesses.

| | |
|---|------|
| Name: <u>Moshier, Donald</u> | |
| Register No. <u>10924-052</u> | SSN: |
| Institution <u>USP Lewisburg</u> <u>Lewisburg, PA</u> | |

000384

What are the risks from influenza vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Almost all people who get influenza vaccine have no serious problems. The viruses in the vaccine are killed, so you cannot get influenza from the vaccine. Mild problems include soreness, redness, swelling where the injection was given, fever, and body aches. If these problems occur, they usually begin soon after the vaccination and last 1-2 days. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the injection.

 I, Donald Mosher, have read the above statement about the influenzavaccination. I have provided with updated information and have had the opportunity to ask questions about the benefits and risks receiving this vaccination.

FOR WOMEN

Pregnancy can increase the risk for complications from the flu, and pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. In previous worldwide outbreaks of the flu (pandemics of 1918-19 and 1957-58), deaths among pregnant women were associated with the flu. Pregnancy can change the immune system in the mother, as well as affect her cardiovascular system (heart and lung function). These changes may place pregnant women at increased risk for complications from the flu.

Because the flu vaccination is made from inactivated viruses (the viruses are killed), many experts consider flu vaccinations safe during any stage of pregnancy. However, since miscarriages (spontaneous abortion) most often occur in the first trimester of pregnancy, experts have traditionally not given a flu vaccination during the first trimester to avoid a coincidental association with miscarriage.

Women who will be beyond the first 3 months of pregnancy during the flu season should get a flu vaccination. Pregnant women who have medical problems that increase their risk for complications from the flu should get a flu vaccination before the flu season, no matter their stage of pregnancy.

Donald Mosher
 Signature of the Recipient

ATB
 Signature of Witness

DECLINATION FOR VACCINE

I do not want to receive the influenza vaccination at this time.

 Signature of the Patient

 Date

 Signature of Witness

(This form may be replicated via WP)

000385

U.S. DEPARTMENT OF JUSTICE

Authorization for Release of Medical Information CDFRM

FEDERAL BUREAU OF PRISONS

| | | |
|---------------------------------------|-------------------------------------|--|
| Inmate Name Moshier, Donald | Register Number 10924-052 | Date 10-18-05 |
| | Date of Birth 8-18-61 | Social Security Number 090528139 |

I hereby authorize and request the Federal Bureau of Prisons to:

☐ release information to, or ☒ obtain information from

Name/Facility: **Kane Community Hospital**

Address: **N. Prakey Street Box 778**

City, State, zip: **Kane PA 16735**

PLEASE CONTACT IF
PAYMENT IS REQUIRED
PRIOR TO FILLING
REQUEST

I understand the information is to be used for (specific reason for release of information):

☒ Continuation of care, or ☐ Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to

My evaluation and treatment received from **6-2002** to **6-2005**

This is to include: ☒ Complete Record

Operative Reports ☐ Discharge Summary ☐ History & Physical

Laboratory Reports ☐ Consultations ☐ Progress Notes ☐ X-ray Reports

Other: ☐ Pathology Reports ☐ Actual Films** ☐ Actual slides*

*will be returned
#duplicates accepted

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure at the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release which has been made prior to revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This authorization will automatically expire three months from the date of the signature.

| | | |
|--|--|--------------------------------------|
| Signature of Patient Donald C Moshier Jr | Date (Month, Day, Year) 10-18-05 | Staff witness Kum Ely, Htt |
| SIGNATURE VALID ORIGINAL 10924-052 | | |

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.

Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:

☐ 1. Substance Abuse ☐ 2. Mental Health ☐ 3. HIV

| | |
|---|------|
| Signature | Date |
| Records To: (Institution Address & Fax number) | |
| USP LEWISBURG HEALTH SERVICES UNIT Po Box 1000 LEWISBURG, PA 17837 | |

fax: 570-522-7764 000386

BP-S148.055 INMATE REQUEST TO STAFF CDERM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|--|-----------------------------------|
| TO: (Name and Title of Staff Member) <i>Medical Records</i> | DATE: <i>9/21/05</i> |
| FROM: <i>DONALD C MOSHIER JR</i> | REGISTER NO.: <i>10924-052</i> |
| WORK ASSIGNMENT: <i>UNICOR WARD 2</i> | UNIT: <i>A-Block-113-u</i> |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm Requesting my medical Records of All the Test Results That was taken on me at KANE Hospital PA in April 2005, Plus All the medical Records that was taken at Bradford Hospital Following my operation AND prior to my Cullblatter operation. The Doctors Name that treated me in Kane was DR ANDERSON AND THE one at Bradford was DR GRAHAM, its very important that I Get copies of these medical Records. I'm also writing to F.C.I McKean for them in case you don't have them.

Please Respond.

THANK you very much.

CC:

(Do not write below this line)

DISPOSITION:

Any records from outside the institution Can be requested by you. Send your request to the hospital directly.

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

| | |
|---|------------------------|
| Signature Staff Member <i>Kim Ely, Hlt</i> | Date <i>9-27-05</i> |
|---|------------------------|

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

000387

BP-S148.055
SEP 98**INMATE REQUEST TO STAFF** CDFRMU.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

| | |
|---|--|
| TO: (Name and title of staff member): <u>Medical Records</u> | Date: <u>9/12/05</u> |
| From: <u>DONALD E. MASHIEN JR</u> | Registration number: <u>10924-052</u> |
| Work assignment: <u>UNICOR Weld 2</u> | Unit: <u>A-Block - 113-U</u> |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm not sure if you was the one's that sent me the letters telling me my x-ray results were outside normal limits and one saying my lab test were found to be within normal limits. Well these show me and tell me nothing, I need and want a copy of the results of my lab test from U.S. Medical Centers for Federal prisoners, Laboratory, 1900 W. Sunshine Springfield, Missouri 65808, because I need to know my ALT, PLT, Gamma GT, AST, to see for myself, and for my lawsuit that is in court now so can you please send me a copy of my lab test, and the results of my x-ray.

(Continue on back if necessary)

(Do not write below this line)

Disposition: 9-19-05, received 1 copy blood work dated 9-1-05 and 1 copy of x-ray dated 9-1-05.

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

| | |
|---|-------------------------|
| Signature of staff member: <u>Kim Ely, HIT</u> Kimberly Ely, HIT | Date: <u>9-19-05</u> |
|---|-------------------------|

(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

000388

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|---|----------------------------|
| TO: (Name and Title of Staff Member) DIZ. Beam | DATE: 5/25/05 |
| FROM: DONALD L Moshien SR | REGISTER NO.: 10924-052 |
| WORK ASSIGNMENT: N/A | UNIT: AB → SHU |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I've sent you a COP-OUT already asking when I was going to have blood drawn to see where my HCG is, and when you plain on starting my treatment again also about this bulge in my stomach, that I'm scared maybe cancerous I want test done, please respond to that, also please respond to this:

I want all of the medical records and test that was done at Hamot Kane, if you can't give me copies please give me the address so I can write and obtain these medical report and test that was done on my stomach + chest ext. By order of Doctor GARY ANDERSON,

(Do not write below this line)

DISPOSITION:

- 1) Labs are ordered - patience
- 2) I'd see you 5/27/05 @ pm for following
RE: The Bulge - not cancer - Dr Graham would have seen it at surgery.
- 3) Send please a request to medical records for the records you desire -
- 4) wait 1 to 3 months before you restart treatment - I want to make sure you are healed. also if you are have a viral load showing no virus

Signature Staff Member

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

H. Beam, MD
FCI McKean
5/26/05

you may not need further treatment -

000389

MEDICAL REQUEST

TO: DR. Beam

FCI MCKEAN HEALTH SVC.

From, DONALD L. Moshier DR, Reg# 10424-052

Date 5/19/05
A-209

I need to talk to you about a couple of things, one is what's going on about my treatment, are you going to have some blood test done, to see where on what my liver is doing now, with the Hep.C.

Also this bulge that is growing in my stomach, its still getting bigger, and it does hurt some now and then, with all the other things that has been going on with me, I want that bulge checked out to make sure its not a cancerous tumor, can you please set this up, and let me know A.S.A.P

THANK you very much,
Please Respond.

Sincerely
Donald L. Moshier

C-C.

- Hep C treatment is on hold for a while until you are totally back to normal
- I'll be by Friday PM to check out the bulge - if it can wait
- Bloodwork is ordered

10/13/05
5/24/05

H. Beam, MD
FCI McKean

BP-S621.060 AUTHORIZATION

RELEASE OF MEDICAL INFORMATION

CDFRM

SEP 03

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | | |
|-------------------------------------|-------------------------------------|------------------------|
| Inmate Name Donald Mosher | Register Number 10929-052 | Date 4/27/05 |
| | Date of Birth 8/18/61 | Social Security Number |

I hereby authorize and request the Federal Bureau of Prisons to:

☐ release information to, or☐ obtain information fromPLEASE CONTACT IF
PAYMENT IS REQUIRED
PRIOR TO FILLING
REQUESTName/Facility: **BRADFORD REGIONAL MED CTR**Address: **INTERSTATE PARKWAY**City, State, Zip: **BRADFORD, PENNSYLVANIA****MEDICAL RECORDS - FAX 814 362 8633 16701**

I understand the information is to be used for (specific reason for release of information):

☒ Continuation of care, or ☐ Other

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from _____ to _____

This is to include:

☐ Complete Record
& Physical☐ Discharge Summary☐ History☐ Operative Reports☐ Consultations☐ Progress Notes☐ X-ray Reports☒ Laboratory Reports☐ Pathology Reports☐ Actual Films**☐ Actual Slides*☐ Other:**Hepatitis C viral load***will be returned
#duplicates accepted

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release, which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This authorization will automatically expire three months from the date of the signature.

Signature of Patient

Donald C Mosher Jr

FAX SIGNATURE VALID ORIGINAL

Date (Month, Day, Year)

4/27/05

Staff Witness

W. B. McKeen

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.

Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:

☐ 1. Substance Abuse☐ 2. Mental Health☐ 3. HIV

Signature

Date

FCI MCKEAN, P.O. BOX 5000, BRADFORD, PA 16701 Fax No.: (814) 363-6813

000391

not drawn**H. BEAM, MD
FCI MCKEAN**

Federal Correctional Institution
McKean County, Bradford, Pennsylvania

CONSENT TO RELEASE INFORMATION

Inmate: Moshier Reg.No.: DONALD MOSHER 10929-052

I hereby consent to the disclosure, by the medical staff of this institution and the Regional Health Services Administrator of this region, of medical information regarding my medical condition and treatment by medical staff of this institution, in accordance with the Privacy Act of 1974, to the following people, at their request:

| NAME | RELATIONSHIP | PHONE NO. | ADDRESS |
|----------------|---------------|-----------------------|---------------------------|
| <u>Dolores</u> | <u>Mother</u> | <u>(607) 857 4476</u> | <u>P.O. Box 157</u> |
| | | | <u>Richmond N.Y 13835</u> |

Signature of inmate: Donald L Moshier Jr

Date: 4/21/05

Signature of Staff Witness: NR Beam MD 4/21/05

NOTIFICATION IN CASE OF SERIOUSLY/CRITICALLY ILL OR DEATH

NAME: Same as above RELATIONSHIP: MOTHER

ADDRESS: _____

PHONE: () _____

Original to Medical Record

000392

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|---|-----------------------------------|
| TO: (Name and Title of Staff Member) Dr. Beam | DATE: 12/6/04 |
| FROM: Donald L. Moshier, JR. | REGISTER NO.: 10924-052 |
| WORK ASSIGNMENT: Compound orderly pm. | UNIT: AB |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dr. Beam, I have a large lump or ball on my left side just under my ribcage. If you recall I mentioned this to you like 8 months ago or so. Back then it was very small no bigger then a marble. Well now its very large and it is very painfull. I want to know what it is, Is it my spleen, or a tumor. No I don't want to hear that its just some fatty tissue. I want it X-Rayed or somthing. I believe that I have enough problems already because F.C.I. McKean refused to treat me for Hepatitis C. until after I developed Cirrhosis of the liver. I'm very concerned about this lump in my stomach. Please respond to this Cop-out in writing.

Thank You.

(Do not write below this line)

DISPOSITION:

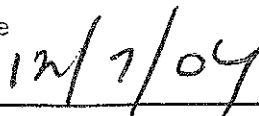
1) We'll check that on your weekly appointment as we discussed today.

In my opinion,
2) you had cirrhosis long before you entered Federal Custody.

Signature Staff Member



Date



000393

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

include soreness, redness, swelling where the injection was given, fever, and body aches. If these problems occur, they usually begin soon after the vaccination and last 1-2 days. Life-threatening allergic reactions are very rare. If they do occur, it is within a few minutes to a few hours after the injection.

CONSENT FOR VACCINATION

I, DONALD L Moshien Jr., have read the above statement about the influenza vaccination. I have been provided with updated information and have had the opportunity to ask questions about the benefits and risks receiving this vaccination.

FOR WOMEN

Pregnancy can increase the risk for complications from the flu, and pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. In previous worldwide outbreaks of the flu (pandemics of 1918-19 and 1957-58), deaths among pregnant women were associated with the flu. Pregnancy can change the immune system in the mother, as well as affect her cardiovascular system (heart and lung function). These changes may place pregnant women at increased risk for complications from the flu.

Because the flu vaccination is made from inactivated viruses (the viruses are killed), many experts consider flu vaccinations safe during any stage of pregnancy. However, since miscarriages (spontaneous abortion) most often occur in the first trimester of pregnancy, experts have traditionally not given a flu vaccination during the first trimester to avoid a coincidental association with miscarriage.

Women who will be beyond the first 3 months of pregnancy during the flu season should get a flu vaccination. Pregnant women who have medical problems that increase their risk for complications from the flu should get a flu vaccination before the flu season, no matter their stage of pregnancy.

DONALD L Moshien Jr. 10/26/04 [Signature]
Signature of the Recipient Date Signature of Witness

DONALD L Moshien Jr. 10924-052

DECLINATION FOR VACCINE

I do not want to receive the influenza vaccination at this time.

Signature of Patient Date Signature of Witness

(This form may be replicated via WP)

BP-S806.060

CONSENT TO TREATMENT OF INTERFERON / RIBAVIRIN

CDFRM

SEP 03

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

The physician should initial numbers 1 through 11 after discussing each with the inmate:

I, DONALD MOSHER, Reg. No. 10924-052, hereby authorize Dr. BEAM or his/her relief (designee), to prescribe interferon (Intron A, PEG-Intron, Pegasys) and ribavirin (Rebetol, Copegus) to me and to continue said medication as is recommended by BOP Clinical Practice Guidelines. I understand my medical condition and why this combination of medications is being recommended to treat my disease.

1. ☒ The combination of ribavirin capsules and interferon injections is indicated for the treatment of hepatitis C in certain patients. This treatment is associated with numerous adverse and potentially serious side effects*. Your doctor, along with pharmacy and laboratory, will carefully monitor you for side effects and your response to this therapy.
2. ☒ The most common side effects of this treatment are "flu-like" symptoms, such as headache, fatigue, muscle aches, and fever. These symptoms may decrease in severity as treatment continues. Taking acetaminophen (Tylenol) prior to interferon administration may help alleviate some of these adverse effects.
3. ☒ Psychiatric problems, such as insomnia and depression, are also frequently associated with this therapy. If you feel you are getting irritable or easily upset, feel hopeless or bad about yourself, or experience any other uncommon psychological problems, you should immediately contact your physician.
4. ☒ Some patients will develop blood problems such as reduced red blood cells (anemia), or reduced white blood cells and platelets. Between 5%-10% of the patients taking ribavirin therapy develop anemia within 1 to 4 weeks of beginning treatment. You will receive a Complete Blood Count on a regular basis to determine if you are developing anemia. Your white blood cells and platelets will also be closely monitored. If these levels drop below acceptable levels you may need to discontinue the medication.
5. ☒ Your thyroid function will be closely monitored because a small percentage of patients (approximately 4%) will develop thyroid dysfunction that may be irreversible, even if treatment is discontinued.
6. ☒ Other common side effects include bruising, irritation, or itchiness at the injection site, nasal stuffiness, and reversible thinning of the hair.
7. ☒ Ribavirin can cause birth defects. Both women and men, particularly those awaiting release, must be counseled to use adequate birth control (2 forms of birth control) during treatment and 6 months after treatment is completed.
8. ☒ Abstain from illicit drug or alcohol use.
9. ☒ Ribavirin should not be taken if you have severe kidney dysfunction.
10. ☒ You should immediately speak to your doctor if you experience any side effects described above, or you experience trouble breathing, chest pain, severe stomach or lower back pain, bloody diarrhea or bloody bowel movements, high fever, bruising, bleeding, decreased vision, weight loss, rashes, or other symptoms that concern you.
11. ☒ To improve your comfort and the chances of successfully completing this course of treatment you should, get plenty of rest, exercise lightly but regularly, drink plenty of water or clear fluids every day, eat regularly, and take acetaminophen for fevers and "flu-like" symptoms.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, the risks and benefits of the treatment, and is competent to give consent.

Physician Signature

H. BEAM, MD
FCI MCKEAN

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and is not competent to give consent.

Physician Signature

Other issues discussed:

000395

48.055 INMATE REQUEST TO STAFF CDFRM

8

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|---|-----------------------------------|
| TO: (Name and Title of Staff Member) <i>DR. Beam</i> | DATE: <i>10/7/04</i> |
| FROM: <i>DONALD C MOSHIER JR</i> | REGISTER NO.: <i>10924-052</i> |
| WORK ASSIGNMENT: <i>pm Compound</i> | UNIT: <i>AB</i> |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DR. Beam, I would like a copy of the Request that you sent to Washington requesting treatment for Hep.C for me, also there reply that I'm sure has to have come back to you by now, if not please send me a copy soon as you get it, I would also like copies of the blood test that was done in Bradford Hospital including the last 6 months of blood test that have been done here, also can you please tell me if or when I will start treatment for my Hep.C, because it's only getting worse, "please respond"

THANK you
Donald C Moshier Jr

(Do not write below this line)

DISPOSITION:

*Treatment has been approved.
The details are in the note I sent
yesterday.*

See attached (1 pgs) (Labs)

| | | |
|---|------------------------|--------|
| Signature Staff Member <i>[Signature]</i> | Date <i>10/8/04</i> | 000396 |
| Record Copy - File; Copy - Inmate (This form may be replicated via WP) | | |

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

INSTRUCTIONS

You must fill out this form completely, numbers 1-9:
(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Daniel Mosher
(Nombre)
2. Reg. Number: 10924-052
(Numero de Registro)
3. Date: 10/7/09
(Fecha)
4. Housing unit and Unit Team: AB TEAM: A B C D
(unidad y equipo de la unidad)
5. Complaint, What is your problem?
(Queja). (Cual es su problema?)
Good news -
Treatment is
approved. I need
to be here when
you start s. I'll
be off next week
so I'll see you
10/21 @ 0930 to sign
consent then get
6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days _____ Months _____ Years _____
(Dias) (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No _____
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes _____ No _____
9. Signature _____
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL: 1st

10. Date seen: _____
11. Time seen: _____
12. Subjective: _____
T20 shot 1 week
of 10/25 to 29 -
I'll see you weekly
x 5 wks then
monthly after
that - This should
go well
AB
13. Objective: Temp: _____ Pulse: _____ Respirations: _____
14. Appointment Date: _____ Appointment Time: _____
15. Triage Personnel's Signature: _____

H. BEAM, MD
FCI MCKEAN

000397

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|--|-----------------------------------|
| TO: (Name and Title of Staff Member) <i>Dr. Beams</i> | DATE: <i>9/6/04</i> |
| FROM: <i>DONALD L MASHIEN JR</i> | REGISTER NO.: <i>10924-052</i> |
| WORK ASSIGNMENT: <i>pm compound orderly</i> | UNIT: <i>AB</i> |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request To Have complete Lab Reports ON the Liver Biopsy that I had taken ON 8/24/04 at Bradford Hospital, ALSO all the blood test AND CATSCAN X RAYS I've ALSO Had some blood work done Here ABOUT a week ago I would also like them Results I would also like to know when I'll be getting treated for my Hep C. please Respond.

THANK YOU
Donald L Mashien Jr

(Do not write below this line)

DISPOSITION:

- 1) I'll refer this request to medical records*
- 2) I'll have you on clinic 0930 9/8/04 to Dr. Beams*

| | | |
|--|-----------------------|---------------|
| Signature Staff Member <i>[Signature]</i> | Date <i>9/7/04</i> | <i>000398</i> |
|--|-----------------------|---------------|

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

| | |
|---|-----------------------------------|
| TO: (Name and Title of Staff Member) <i>DR. Beam</i> | DATE: <i>8/5/04</i> |
| FROM: <i>DONALD C MOSTIEN JR</i> | REGISTER NO.: <i>10924-052</i> |
| WORK ASSIGNMENT: <i>med, CHASISHER</i> | UNIT: <i>AB</i> |

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*First off I AM OUT OF ALBUTEROL INK, WHICH I REALLY NEED.
(2.) I'VE BEEN HAVING SEVERE BACK PAIN WHICH HAS BEEN SHOOTING
DOWN MY LEFT LEG, TYLANOL ON MOTRIN DON'T DO A THING FOR THE
PAIN.*

*(3.) MY LOWER LEGS HAVE BEEN REALLY TURNING BROWN WITH
SPOTS, NOW I'VE NEVER EVEN HAD THIS OUT ON THE STREETS, IF
I WOULD HAVE, I WOULD OF GONE TO A SKIN SPECIALIST, SO CAN
YOU PLEASE FIND OUT WHY MY LEGS ARE DOING THIS, THEY'RE DRY
ITCHY, AND FULL OF BROWN SPOTS. "PLEASE RESPOND"*

(Do not write below this line)

DISPOSITION:

- 1) - I'll refill your Albuterol*
- 2) - you have a sickle cell appt soon
for the back & leg problem*
- 3) I'll look at the situation for
legs at chronic care clinic*

| | | |
|---|-----------------------|--|
| Signature Staff Member <i>[Signature]</i> | Date <i>8/5/04</i> | 000399 |
| Record Copy - File; Copy - Inmate (This form may be replicated via WP) | | This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94 |

*H. BEAM, MD
FCI MCKEAN*